## **APPLICATION FOR RESPITE CAREGIVERS** For use of this form, see AR 608-75; the proponent agency is OACSIM DATA REQUIRED BY THE PRIVACY ACT AUTHORITY: Title 5, United States Code, Section 301. PRINCIPAL PURPOSE: To recruit and select respite caregivers. **ROUTINE USES:** To determine the prospective respite caregiver's ability to care for individuals with disabilities. DISCLOSURE: Providing information is voluntary. Failure to provide information will result in disapproval of prospective respite caregiver's application. 2. BIRTHDATE 1. NAME 3. MAIDEN NAME (Applicant or spouse) 4. SPOUSE'S NAME 7. SOCIAL SECURITY NUMBER 5. ADDRESS (Street, city and state) (Include ZIP Code) 6. TELEPHONE NO. HOME: OFFICE: 8. BRIEFLY DESCRIBE BACKGROUND, INTEREST, AND/OR EXPERIENCE WORKING WITH CHILDREN OR ADULTS WITH **DISABILITIES** 9. AVAILABILITY FOR PROVIDING CARE EVENINGS YES NO WEEKENDS YES NO DAYS YES NO OVERNIGHT WEEKDAYS YES NO OVERNIGHT WEEKENDS YES NO IN HOME OF CLIENT NO PREFERENCE WILL PROVIDE CARE: IN MY OWN HOME 10. DO YOU HAVE OWN TRANSPORTATION? 11. AGE GROUP PREFERENCE \_\_ NO 12. EDUCATION (High school, college, graduate studies, other) NAME AND ADDRESS OF SCHOOL DATES ATTENDED **MAJOR DEGREE** 13. EMPLOYMENT (Present, and last three years) NAME AND ADDRESS OF EMPLOYER DATES EMPLOYED **POSITION** 14. REFERENCES (List three, other than relative. Example: Pastor, supervisor, co-worker) NAME AND ADDRESS (Give complete mailing address) (Include ZIP Code) OCCUPATION I hereby certify that all statements in this application are true to the best of my knowledge and belief. **SIGNATURE** DATE